**Akal College of Nursing, Baru Sahib**

**Class Summary**

**Date:** 5.12.2015

**Time:** 10-11 am

**Class:** M.Sc. Nursing 1st year

**Subject:** Advanced Nursing Practice

**Unit:** I (Nursing as a Profession)

**Topic:** Regulatory Bodies

**ORGANISATION:**

ACC. TO L.WHITE, “Organisation is the arrangement of personnel for facilitating the accomplishment of some agreed purpose through allocation of functions and responsibilities.”

**PROFESSIONAL ORGANISATIONS:**

Professional organisations provide a means through which your own professional development can be channelled with authority because of their representative character. It provides you an opportunity to express your viewpoint, develop your leadership qualities and abilities and keep you well informed of professional trends and news.

**INDIAN NURSING COUNCIL**

INC was established in 1949. the council is responsible for regulations and maintenance of uniform standards of training for nurses, midwives, auxiliary nurse midwives and health visitors.

* INDIAN NURSING COUNCIL
* INDIAN NURSING COUNCIL ACT, 1947
* **THE INC ACT, 1947 PROVIDES FOR CONSTITUTION AND COMPOSITION OF THE COUNCIL CONSISTING OF THE FOLLOWING:**

🖝 One nurse enrolled in state register elected by each state council.

🖝 One member elected from among themselves by head of the institutions in which health visitors are trained.

🖝 One member elected by medical council of India.

🖝 One member elected by the central council of Indian medical association.

🖝 One member elected by TNAI.

🖝 One midwife or ANM enrolled in a state register, elected by each of the state councils in four groups of the states:

* + - Kerala,MP, UP and Haryana.
    - AP, Bihar, Maharashtra and Rajasthan.
    - Karnataka, Punjab and West Bengal.
    - Assam,Gujarat, Tamil Nadu and Orissa.
* The director journal of health services.
* The chief Principal Matron, medical directorate, army headquarters.
* The chief nursing superintendent, office of the director journal of health services.
* The director of maternity and child welfare, Indian red crosses society.
* The chief medical officer of each state.
* Four members nominated by the central government, of whom two shall be the nurses, midwives or health visitors and one shall be an experienced educationalist.
* Three members elected by parliament.
* AMENDMENTS IN INC ACT,1947

Act was amended in November 1957 to provide for the following things:

* **FOREIGN QUALIFICATIONS:**
* Indian citizens: Any Indian citizen being registered with any registering body, by the approval of INC, be enrolled in any state register.
* Citizens of other countries: Any citizen of any other country, by the approval of President Council, be employed temporarily as nurse, midwife, ANM, teacher or administrator in any hospital or institution in any state for period of 5 years. And if want to continue, extension of recognition is needed from INC.
* **Indian Nurses Register:**

It contains names of all the nurses, midwives, ANM and health visitors who are enrolled in any state register. It will be a public document under Indian Evidence Act,1872.

* COMMITTEES

1. EXECUTIVE COMMITTEE

2. NURSING EDUCATION COMMITTEE

3. EQUIVALENCE COMMITTEE

4. FINANCE COMMITTEE

FUNCTIONS:

* To establish and monitor a uniform standard of nursing education.
* To recognize the qualifications for the purpose of registration and employment everywhere.
* Power to withdraw the recognition in case the institution fails to maintain its standard.
* To advise the state nursing councils, examining board, state and central government in various important items in nursing education.

GUIDELINES FOR THE ESTABLISHMENT OF NEW NURSING SCHOOLS / COLLEGES

* Any organization under the central, state government, local body or a private trust should obtain the no objection certificate from the state government.
* The INC on the receipt of the proposal from the institution to start nursing programme, will undertake the first inspection to assess the suitability.
* After the approval from INC, the institution shall obtain the approval from state nursing council and examination board.
* The INC conducts the inspection every year till the first batch completes the programme.

TYPES OF INSPECTION

* FIRST INSPECTION: The first inspection is conducted on the receipt of proposal.
* RE – INSPECTIONS: Re-inspections are conducted for those institutions, which are found unsuitable by INC.
* PERIODIC INSPECTION: INC conducts the periodical inspections once the institution is found suitable by INC.

PROGRAMMES UNDER INC

* ANM: 1 and a half year
* GNM: Three and a half years
* P.B. Bsc(N): 2 years
* Bsc.(N): 4 years
* Msc.(N): 2 years
* M.Phil: 1 year
* Doctorate in Nursing:3 to 5 years

RESOLUTIONS

* Maximum period for the students to complete revised ANM/GNM programme is 3 and 6 years respectively.
* Maximum age for teaching faculty is 70 years.
* Admission to married candidates for all the nursing programme is allowed.
* Relaxation of norms to establish M.Sc.(N) Programme.
* Relaxation of student patient ratio for clinical practice
* Relaxation of teaching faculty qualification to start a B.Sc. (N) programme.
* To maintain the quality of post-graduate, INC resolved not to have a M.Sc. (N) Programme through distance education.
* Institutions should have their own building within two years of establishment.
* Maximum no. of 60 seats can be sanctioned to the institutions having less than 500 bedded hospital and 100 to those having 500 bedded hospital.

INITIATIVES

* **Teaching material for quality assurance model(QAM**):To monitor compliance with set standards for nursing practice and applying solutions to improve care.
* **Princes Srinagarindra Award:** Awarded to Mrs. Sulochana krishan, Ex-Principal of RAK College of nursing.
* **Development of curriculum for HIV/AIDS and training for nurses:** In collaboration with NACO and Clinton foundation.6 day training programme.
* **National** **Consortium for Ph.D. in Nursing**: MOU has been signed between INC,WHO and RGUHS to promote doctoral education in various fields of Nursing.
* **Memorandum of Understanding(MOU**) between INC and Sir Edward Dunlop's Hospitals for advancing nursing education and practice in India with following objectives:
* Provide training.
* Graduate, Post-graduate and Ph.D courses.
* To fill gaps in India and internationally set standards of Nursing education and practice so that Indian nurses can directly be accepted to meet international standards.
* Train the faculty so as to provide high quality teaching staff to training institutes in the country.
* **MRA under Comprehensive Economic Cooperation Agreement (CECA):** It was signed in June 2005 and came into force from 1st august 2005.India and Singapore did MRAs in Medical, dental and nursing services.
* **State Registrars Meeting: All state Registrars were invited for two days meeting. The objectives were:**
* To ensure. uniformity
* To maintain the quality of nursing education.
* To understand the problems of each state nursing councils**.**
* **INC initiated Live Registers in the state of Tamil Nadu:** Objective was to collect data regarding number of working nurses as defined by the INC.266 were found trained nurses out of 841 nurses in Sivaganga Hospital.

**STATE NURSING COUNCILS**

* Registration in state Nursing council is very necessary for every nurse. It is necessary to be registered in order to function officially as a professional nurse. Registration councils are functioning in all the states of India and they are affiliated to I.N.C.
* A register of names of professional nurses is maintained by each state nurses Registration Council. These names are also put into the Indian Nurses Register maintained by the Indian Nursing Council. Nurses, midwives, auxiliary nurse midwives and health visitors are registered. All degree holding nurses also have to get the registration in state council.

**The present functions of the State Nurses Registration Council:**

* Recognize Officially and inspect schools of nursing in their states.
* Conduct examinations.
* Prescribe rules of conduct, take disciplinary actions, etc.
* Maintain registers of Graduate nurses, nurses holding degrees in nursing, midwives revised auxiliary nurse midwives or multi-purpose workers and health visitors.

**Composition of SNRC**

* The State Nursing Councils are administratively headed by the Registrar who usually is a nurse.
* There is deputy registrar who also is a nurse.
* There is a staff consisting of Accountant and other staff as clerks and peons to help him in his day to day work and functions.
* The President and Vice-President is elected by members from amongst themselves.
* The elections procedures for all the categories are laid down by statutory provisions in By-Laws of the Councils.
* Some of the members on the council are still nominated by the Government whereas majority are elected by following the electoral procedures
* Functions of Registrar of SNC

**Functions of the Registrar of the State Nursing Council:**

* To draw a programme for examinations of various types of educational programmes at all centres at the same time.
* To prepare a time schedule for written and practical examinations, to prepare Roll number sheets of students and send them to various examination centres.
* After examiners have drawn the question papers, to get them printed under strict confidential atmosphere and keep up the secrecy regarding them.
* To prepare examination results and communicate the results to concerned institutions.
* To prepare the diploma certificates and registration certificates of nurses who have been qualified for both.
* To arrange for inspections to ascertain that the institutions are carrying out the educational programmes as per syllabus, conditions and rules and regulations laid down by State Council.
* TRAINED NURSES ASSOCIATION OF INDIA

***The TNAI is the national professional association.***

***1905: association of nursing superintendent at Lucknow***

OBJECTIVES:

* Uphold the dignity and honour of nursing profession
* Promote a sense of espirit-de-corps among all the nurses.
* Enabling members to take counsel together on matters relating to their profession.

1909 : Inaugurated Trained Nurses Association.

1910 : TNA elected its own officer.

1922 : Two organizations were brought together as the “*TRAINED NURSES ASSOCIATION OF INDIA*”

**AIMS:**

* To standardize, upgrade, develop nursing education and to elevate nursing education.
* To improve the living and working conditions of the nurses and develop the educational conditions available for nursing.
* To provide registration for qualified nurses and to provide reciprocity of registration within different states in the country and within different countries.

Organizations of TNAI

* Health visitors League(1922)
* Midwives and Auxiliary Nurses: Midwives Association(1925)
* Student Nurses Association”(1929-1930)

The TNAI is an associate member of many organizations like Indian Red Cross,Tb Association of India etc. who are doing welfare activities in their own fields.

* ORGANISATION OF TNAI

**It consists of :**

* 1.President
* 2. Vice President (3)
* 3.Honorary Treasurer
* 4. Secretary General
* 5. Assistant Secretaries
* 6. Branch/joint Secretaries

MEMBERSHIP

* **FULL MEMBERS:** Fully qualified Registered nurses.
* **ASSOCIATE MEMBERS:** Health Visitors, midwives and ANMs.
* **AFFILIATE MEMBERS:** Student nurses and members of affiliated organizations.

BENEFITS OF TNAI MEMBERSHIP

* Holding national level conferences
* Low cost publications for members and students
* Continuing education programmes for updating knowledge
* Socio-economic welfare programmes
* Research studies are conducted regularly for benefit of members
* Scholarship for TNAI members and student nurses.
* Annual grant to state branches to hold activities.
* One fourth railway concession for TNAI members.
* The guest room facilities at the headquarters and also in some states.
* Nurses day celebration at Rashtrapati Bhavan every year.

PUBLICATIONS

* Handbook of TNAI…..published in 1913.
* Nursing Journal of India……published monthly. It is the official organ of the TNAI. A copy of this journal shall be sent free to all the full members and Associate members.

STUDENT NURSES ASSOCIATION

**It is an incorporate organization of TNAI.**

* It was established in 1929.
* In 1954 : SNA celebrated its silver jubilee and no. of units were 117
* At present, it has more than 506 units

OBJECTIVES OF SNA

* To help students to uphold the dignity of the profession.
* To promote a corporate spirit among students for the common good.
* To encourage leadership ability and help students to gain a wide knowledge of nursing profession.
* To help students to increase their social contacts & general knowledge.
* To encourage professional, social & recreational development.
* To provide a special section in “ THE NURSING JOURNAL OF INDIA.” for student’s benefit.
* To encourage students to compete for prizes in the students nurses exhibition & to attend national & state conferences.

MANAGEMENT OF SNA

**GENERAL COMMITTEE OF SNA:**

* President of TNAI or vice president
* Vice president of SNA state branches, honorary treasurer of TNAI, National SNA advisor, secretaries of SNA state branches, secretary general of TNAI.
* SNA GENERAL BODY

**AT NATIONAL LEVEL**:

Members are:

* Members of SNA general committee.
* 3 representatives from each unit i.e., SNA VP, SNA Secretary & SNA advisor.
* All SNA delegates attending the conference.

**AT STATE LEVEL:**

Members are:

* State SNA Executive members
* SNA Unit representatives ( VP, Secretary, SNA Advisor )
* SNA UNITS
* Members elected by its own in GBM.

**Members are:**

* SNA Unit advisor ( should be a TNAI member )
* Vice president
* Secretary
* Treasurer
* Programme chair person
* GBM held at regular intervals
* Agenda for GBM will be acc. To needs of the unit members & aims & objectives of SNA.

ACTIVITIES OF SNA

1. Organization of meetings and conferences.
2. Maintenance of diary.
3. Exhibition.
4. Public speaking and writing.
5. Project undertaking.
6. Propagation of nursing profession.
7. Fund raising.
8. Socio-cultural and recreational activities.
9. Other activities.